

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101659094

FILING DATE

APPLICANT(S)

2/24/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		1				
3						
4		1				
5		1				
6		1				
7		1				
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TOTAL IND.			1			
TOTAL DEP.		14				
TOTAL CLAIMS		15				

*	IND.	DEP.	*	IND.	DEP.	*
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